

ATTACHMENTS

PHCA Request for Funding Application
FY2004-05, FY 2005-06
APPLICANT CHECKLIST

- ☐ 1. Cover Sheet
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- ☐ 4. Agency Capability, Program Staffing and Organizational Structure
 - ☐ a. Organizational Chart
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 - ☐ a. Goal I, Outreach and Health Education
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- ☐ 6. Clinic Site List
- ☐ 7. Budget Information
 - ☐ a. Proposed annual program budgets; State and County match (separate pages)
 - ☐ b. Narrative budget justifications for each year (justify each line item of personnel and operating expenses)
 - ☐ c. Description of client fees (if applicable)

PREVENTIVE HEALTH CARE FOR THE AGING
REQUEST FOR FUNDING APPLICATION — FY 2004-06
COVER SHEET

1. Attached is the Preventive Health Care for the Aging Request for Funding Application (RFA) for the period 11/1/04 – 6/30/06 by _____
County/City
2. Contact Person (name, address, telephone, email, and FAX number):
3. Fiscal Contact for (1) invoicing issues (name, telephone), and (2) the address for mailing payments:
4. Summary of Proposed Program:
5. Total State Funds Requested in this Application: \$ _____
6. Certification: The undersigned hereby affirms that the statements contained in the application package are true and complete to the best of the applicant's knowledge and accepts as a condition of a contract, the obligation to comply with the criteria of the FA as well as applicable state policies, standards and regulations. The undersigned recognizes that this is a public document and open to public inspection.

Print name, title, and have signed by person authorized by the Governing Board

Signature: _____ Date: _____

Scope of Work

Contractors Name:

Goal I: Outreach and Health Education

Major Objectives	Major Functions, Tasks, Activities	Time Line	Performance Measure and/or Deliverables
1. OUTREACH 2. NETWORKING			

Scope of Work

Contractors Name:

Goal I: Outreach and Health Education

Major Objectives	Major Functions, Tasks, Activities	Time Line	Performance Measure and/or Deliverables

Scope of Work

Contractors Name:


Goal II: Health Assessments and Data Collection

Major Objectives	Major Functions, Tasks, Activities	Time Line	Performance Measure and/or Deliverables
<p>1. Provide _____ (range starts with minimum number required) Comprehensive Health Assessments (CHAs) consistent with the required "CHA Standards of Care."</p> <p>2. Provide each client counseling and instruction based on the client's health history, diet and the results of the client assessment.</p> <p>(Continued on next page)</p>	<p>1.1 Maintain a minimum of _____ assessment sites in outreach settings where CHAs are provided.</p> <p>(1) A current list of assessment sites will be maintained and made available upon request.</p> <p>1.2 Protocols applicable to contractor's clinical assessment practices shall be developed before assessment services are begun. Protocols will be available to all PHCA staff.</p> <p>(1) Protocols will be reviewed periodically (at least annually) and revised to include changes needed to accurately guide clinic assessment performance.</p> <p>2.1 Provide counseling/instruction to each CHA client based on health risks identified through the assessment and the client-selected activities identified on the client health plan.</p> <p>2.2 Provide clients receiving health maintenance services additional counseling and instruction focused on specific health risks or guidance needed by the client to use local medical care services, and manage chronic health problems.</p>	<p>11/01/04 through 06/30/05</p> <p>↓</p>	<p>In Annual Reports:</p> <p>1.1 An individual health record is maintained for each client. The record includes: health history, nutrition assessment, data forms, and the client health plan. DHS 8034 (Encounter Form) completed for each client encounter on PHCA time where a professional service was provided.</p> <p>Compliance: Completed Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Number of CHAs completed _____</p> <p>1.2 Protocols available for State review on request.</p> <p><i>Copy of Protocols index and form depicting most recent annual review and sign-off by local health officer, nursing supervisor, PHCA Coordinator, provided in Appendix # _____</i></p> <p>2.1 Counseling interventions greater than 10 minutes in duration are coded on the Encounter Form (DHS 8034).</p> <p>Compliance: Completed Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2.2 Local Health Maintenance</p> <p>Protocol Established: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Local Health Care Maintenance protocol provided in Appendix # _____ Number of health care maintenance encounters _____</p>

Scope of Work

Contractors Name:

Goal II: Health Assessments and Data Collection


Major Objectives	Major Functions, Tasks, Activities	Time Line	Performance Measure and/or Deliverables
<p>3. After each CHA in collaboration with the client, PHN will develop a written plan for the client's priorities and activities for achieving optimum health and function.</p>	<p>3.1 PHN will review results of the CHA with the client and will record PHN-identified health risks on the client's health plan:</p> <p>(1) PHN will identify the physical, mental, social, functional, and economic problems; health behavior risk factors, preventive health screening needed, and symptoms or medical problems needed evaluation by a health care practitioner.</p> <p>(2) PHN will reinforce current good health practices and assist the client in setting priorities, locating community services, and choosing activities to maintain or improve their health status.</p> <p>3.2 PHN will assist the client to develop a health plan; this plan will include:</p> <p>(1) Specific goals and activities the client agrees to address</p> <p>(2) Method by which the client will achieve each health plan goal, or complete a specific activity (including the resources available)</p> <p>(3) Time frame to start and/or complete or continue each health plan goal or activity</p> <p>(4) Date and purpose of the next clinic contact or visit.</p> <p>3.3 PHN and the client will decide if additional PHCA services will be provided beyond the CHA. This decision shall be based on the specific risk factors identified during the CHA and client's willingness to address these issues with the assistance of the PHN.</p> <p>(1) Client agrees to participate in additional PHCA activities, these activities are included in the client's health plan.</p>	<p>11/01/04 through 06/30/05</p> 	<p>3.1 A copy of the client's health plan reflects the health risks identified by the PHN.</p> <p>Compliance: Completed Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3.2 Encounter Form (DHS 8034) is coded to reflect the client's status for health maintenance services.</p> <p>Compliance: Completed Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3.3 Encounter Form (DHS 8034) is coded to reflect the client's status for health maintenance services.</p> <p>Compliance: Completed Yes <input type="checkbox"/> No <input type="checkbox"/></p>

(Continued on next page)

Scope of Work

Contractors Name:


Goal II: Health Assessments and Data Collection

Major Objectives	Major Functions, Tasks, Activities	Time Line	Performance Measure and/or Deliverables
4. Assist clients to identify and use appropriate health resources that address their individual health needs.	3.4 A copy of the health plan will be given to client after each CHA. (1) Plan will be updated during the year as appropriate. (2) Plan will be reviewed with the client at the next CHA to determine the status or completion of all chosen activities.	11/01/04 through 06/30/05 	3.4 A completed copy of the client health plan is filed in the client's health record. Compliance: Completed Yes <input type="checkbox"/> No <input type="checkbox"/>
	4.1 Clients shall be referred to other health and social resources based on the results of the CHA and the client health plan. 4.2 Referral guidelines for asymptomatic clients, for periodic preventive services not provided by the contractor, will be available to PHCA staff. 4.3 All clients with a potential medical problem identified during the CHA will be referred to a medical care practitioner (or dentist) for further evaluation. Clients reporting current situations involving elder abuse or domestic violence shall receive appropriate referrals for help; mandatory reports will be made according to protocol (to either the local Adult Protective Services agency or the local police). (1) Outcome of at least 75% of these referrals shall be documented within three months of the referral date.		4.1 Referrals are documented on DHS 8034 Encounter Form. Compliance: Completed Yes <input type="checkbox"/> No <input type="checkbox"/> <i>A brief narrative of notable referrals made during this reporting period included in Appendix # _____</i> 4.2 Preventive referral guidelines are available for State review upon request. <i>(See Protocol index)</i> 4.3 Referral Follow-up Form (DHS 8448) used for documentation of the outcomes for medical referrals. A copy is placed in client's health record. Compliance: Completed Yes <input type="checkbox"/> No <input type="checkbox"/> _____% referrals documented within 3 months of referral date.
5. Required data will be collected with each client encounter and submitted in a timely manner. (Continued on next page)	5.1 All PHNs and PHCA staff with data collection and coding responsibilities will develop proficiency in data collection. (1) PHCA staff will attend required trainings on data collection and management; new staff will receive instruction on data collection coding at the local level.		5.1 Data Manual instructions are followed in completing data forms. Compliance: Completed Yes <input type="checkbox"/> No <input type="checkbox"/>

Scope of Work

Contractors Name:


Goal II: Health Assessments and Data Collection

Major Objectives	Major Functions, Tasks, Activities	Time Line	Performance Measure and/or Deliverables
<p>according to deadlines listed on the PHCA Data Timeline schedule.</p>	<p>(2) PHCA data manual will be available for use by all staff with data collection responsibilities.</p> <p>(3) Program coordinators will contact the State Office with data coding questions that are not covered by manual instructions.</p> <p>5.2 Required data forms will be accurately coded and reviewed for errors and omissions.</p> <p>(1) Forms with data errors will be returned to the contractor, corrected promptly and resubmitted.</p> <p>5.3 Data forms will be submitted accurately, and in a timely manner that meets performance standards set by the State Office. (See PHCA Data Timeline for due dates).</p>	<p>11/01/04 through 06/30/05</p> 	<p>5.2 Data forms are accepted by the data system as submitted or corrected; contractor's error rate does not exceed 35% for CHA, Non-CHA and Referral forms submitted.</p> <p>_____ % of errors on CHA forms (see table 1-8)</p> <p>5.3 Pattern of data forms submission, as determined from Shipment Logs, demonstrate regular and timely forms submission.</p> <p>Compliance: Yes <input type="checkbox"/> Completed No <input type="checkbox"/></p> <p>6.1 Required program reports utilize local data to support compliance to Scope of Work activities; local programs demonstrate ability to adjust program activities and services based on local data tables.</p> <p><i>Description of how data is currently used to evaluate or plan specific activities included in Appendix # _____</i></p> <p>Compliance: Yes <input type="checkbox"/> Completed No <input type="checkbox"/></p>
<p>6. PHCA coordinators and program managers will use data tables to verify contract Scope of Work compliance, monitor delivery of services, and track the health status and demographic information about the older adults who receive CHA services.</p> <p>(Continued on next page)</p>	<p>6.1 Local data may be used to:</p> <p>(1) Monitor outreach activities to verify that the intended target population is served.</p> <p>(2) Identify the frequency of common health problems which future Scope of Work activities may address.</p>		

Scope of Work

Contractors Name:

Goal II: Health Assessments and Data Collection

Major Objectives	Major Functions, Tasks, Activities	Time Line	Performance Measure and/or Deliverables
<p>7. Data will be collected throughout the contract year to report to the State Office the "Total Population Served" - an unduplicated count of all clients receiving services: CHA, Non-CHA, health education at a group class or health fair, assessment at a health fair, or a special screening exam not done during a CHA or Non-CHA visit.</p>	<p>7.1 Local data may be used to:</p> <p>(1) Track the number of clients who have received CHA and Non-CHA assessments</p> <p><i>*NOTE: All CHA forms will be collected for data entry into the statewide PHCA database; only those Non-CHA forms with referrals documented on them will be collected for data entry into the statewide PHCA database</i></p> <p>(2) Identify the number of clients who are "unduplicated" to the local program each year</p> <p>(3) Measure the success of outreach and health promotion activities—as evidenced by the number of seniors attending each</p>	<p>11/01/04 through 06/30/05</p> 	<p>7.1 Completion and submission of the "Total Population Served" worksheet due with the Annual Report to the State.</p> <p>Total Population Served Worksheet: Appendix # _____</p>

Contractor's Name

Exhibit B, Attachment I or II

Budget

Year I

11/1/04 – 6/30/05

State Budget

Personnel

Fringe Benefits (% of Personnel)

Operating Expenses

Equipment \$0

Travel

Subcontracts \$0

Other Costs

Indirect Costs (% of [enter cost basis])

Total

Contractor's Name

Exhibit B, Attachment I or II

Year I

11/1/04 – 6/30/05

County Match

Personnel

Fringe Benefits (% of Personnel)

Operating Expenses

Equipment

Travel

Subcontracts

Other Costs

Indirect Costs (% of [enter cost basis])

Total

Contractor's Name

Exhibit B, Attachment I or II

Budget

Year II

7/1/05 – 6/30/06

State Budget

Personnel

Fringe Benefits (% of Personnel)

Operating Expenses

Equipment \$0

Travel

Subcontracts \$0

Other Costs

Indirect Costs (% of [enter cost basis])

Total

Contractor's Name

Exhibit B, Attachment I or II

Budget

Year II

7/1/05 – 6/30/06

County Match

Personnel

Fringe Benefits (% of Personnel)

Operating Expenses

Equipment

Travel

Subcontracts

Other Costs

Indirect Costs (% of [enter cost basis])

Total